|  |  |   |              |                      |                              |                  |     |                     | plication or Docket Number |       |                     |                        |  |  |
|--|--|---|--------------|----------------------|------------------------------|------------------|-----|---------------------|----------------------------|-------|---------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000 - 9 9 9 9 5 7 5 7 5 7 6 7 6 7 7 7 7 7 7 7 7 7 7 7   |  |   |              |                      |                              |                  |     |                     |                            |       |                     |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |              |                      |                              |                  |     |                     | SMALL ENTITY OTHER THAN    |       |                     |                        |  |  |
| TOTAL CLAIMS   |  |   | 37           |                      |                              |                  |     | RATE                | FEE                        |       | RATE                | FEE                    |  |  |
| FOR  |  |   | NUMBER FILED |                      | NUMBER EXTRA                 |                  |     | BASIC FEE           | 355.00                     | OR    | BASIC FEE           | 710.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 37-minus 20- |                      | •                            |                  |     | X\$ 9≐              |                            | OR    | X\$18=              |                        |  |  |
| INDEPENDENT CLAIMS   |  |   | 6 minus 3 =  |                      | •                            |                  |     | X40= .              |                            | OR    | X80=                |                        |  |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT       |                      |                              |                  |     | ···+135=···         |                            | OR    | -+270=              |                        |  |  |
| * If the difference in column 1 is less than zero, enter *0* in column 2   |  |   |              |                      |                              |                  |     | TOTAL               |                            | OR    | TOTAL .             |                        |  |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |              |                      |                              |                  |     | SMALL               | ENTITY                     | OR    | OTHER<br>SMALL      |                        |  |  |
| ENTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI         | IEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE     |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| AMENDMENT  | Total  | ·H6                                       | Minus        | - 4                  |                              | <i>- f</i> )     |     | X\$ 9=              |                            | OR    | X\$18=              |                        |  |  |
|  | Independent                                    | • 7                                       | Minus        | 900                  | 7                            | -4               |     | X40=                |                            | OR    | X80=                |                        |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                      |                              |                  | 1   | +135e               |                            | OR    | +270=               |                        |  |  |
|  |  |   |              |                      |                              |                  |     | TOTAL               |                            | 00    | TOTAL               |                        |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |              |                      |                              |                  |     | ADDIT. FEE          |                            | JOIN. | addit: FEE          |                        |  |  |
| ENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |              | HIGH<br>NUM<br>PREVI | EST<br>BER<br>OUSLY<br>FOR   | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE     |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| LOME   | Total  | · 46                                      | Minus        | * 4                  | 46                           | - /              | ] [ | X\$ 9=              |                            | OR    | X\$18=              |                        |  |  |
| AMENDMENT  | Independent                                    | • 7                                       | Minus        | ***                  | 7                            | = /              | 11  | X40=                | /                          | OR    | X80=                | 7                      |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                      |                              |                  |     | +135=               | 7                          | OR    | +270=               |                        |  |  |
|  |  |   |              |                      |                              |                  |     | YOYAL<br>ADDIT: FEE | <u>'</u>                   | OR    | TOTAL<br>ADDIT. FEE | /                      |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |              |                      |                              |                  |     |                     |                            |       |                     |                        |  |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | · * # ·      | NUM<br>PREVI         | HEST<br>BER<br>OUSLY<br>FOR  | PRESENT EXTRA    |     | RATE                | ADDI-<br>TIONAL<br>FEE     |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| TOWN TO SERVICE STATE OF THE PERSON SERVICE STATE OF THE P | Total  | •   | Minus        | **                   | •                            | =                | ]   | X\$ 9=              |                            | OR    | X\$18=              |                        |  |  |
| ME   | Independent                                    | •   | Minus        | ***                  | 1                            | •                | 11  | X40=                |                            | OR    | X80=                |                        |  |  |
| 4  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DES  | ENDEN                | T CLAIM                      |                  | J   | +135=               |                            | OR    | +270=               |                        |  |  |
| If the entry in column 1 is less than the entry in column 2, write "I in column 3."  |  |   |              |                      |                              |                  |     |                     |                            |       |                     |                        |  |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEEOH ADDIT. FEE   |  |   |              |                      |                              |                  |     |                     |                            |       |                     |                        |  |  |